



CITY OF RENTON

HUMAN RESOURCES & RISK MANAGEMENT

1055 South Grady Way Renton, WA 98055

(425) 430-7650 / JOBLINE - (425) 430-7652

EQUAL OPPORTUNITY EMPLOYER

CIVIL SERVICE COMMISSION EMPLOYMENT APPLICATION

FOR HR & RM USE ONLY

DATE STAMP

NQ _____
Q _____

CAREFULLY READ THE POSITION ANNOUNCEMENT.
AN INCOMPLETE APPLICATION WILL DISQUALIFY
YOU.

PLEASE WRITE THE POSITION TITLE AS SHOWN ON BULLETIN

LAST NAME FIRST NAME MIDDLE NAME

STREET ADDRESS CITY STATE ZIP

YOUR TELEPHONE NUMBER, CELL PHONE, EMAIL ADDRESS. (INCLUDE AREA CODE AND/OR CITY)

HOME PHONE: EMAIL ADDRESS: HIGH SCHOOL GRADUATE or GED?

MESSAGE PHONE: CELL PHONE: YES NO

A VALID DRIVER'S LICENSE IS REQUIRED ONLY WHERE STATED ON JOB ANNOUNCEMENT DO YOU POSSESS OR CAN YOU OBTAIN A WASHINGTON STATE DRIVER'S LICENSE? YES NO

FOR OTHER POLICE DEPARTMENT AND FIRE DEPARTMENT POSITIONS ARE YOU 18 YEARS OF AGE? YES NO FOR POLICE OFFICER POSITIONS ARE YOU OVER 21 YEARS OF AGE? YES NO

THE LAW REQUIRES THAT ALL POLICE & FIRE DEPARTMENT EMPLOYEES, (INCLUDING CLERICAL), ARE U.S. CITIZENS. CAN YOU PROVIDE PROOF OF U.S. CITIZENSHIP IF OFFERED A POSITION IN ONE OF THESE DEPARTMENT? YES NO

HAVE YOU SERVED ON ACTIVE DUTY IN THE MILITARY SERVICES OR THE U.S.? YES NO
REGULAR RESERVE NATIONAL GUARD
BRANCH: ACTIVE DUTY DATES: PER RCW 41.04.010 CERTAIN VETERANS ARE ELIGIBLE FOR VETERANS PREFERENCE. DO YOU QUALIFY FOR THIS PREFERENCE? (ATTACH PROOF OF VETERAN STATUS) YES NO
ARE YOU CLAIMING VETERANS PREFERENCE? YES NO

COLLEGES ATTENDED: NAME & LOCATION	CREDITS EARNED	MAJOR	TYPE OF DEGREE

OTHER COURSES/TRAINING	NAME/LOCATION	LENGTH	CERTIFICATIONS

CHECK AREAS OF EXPERIENCE: Microsoft Windows Microsoft Word Microsoft Access Microsoft Excel Microsoft Powerpoint

Or any additional Software Programs:

Special Skills/Professional Licenses:

FROM (MO. & YR.)	YOUR PRESENT POSITION	EMPLOYER'S NAME	NAME OF SUPERVISOR
TO (MO. & YR.)	ADDRESS	CITY/STATE	PHONE
STARTING SALARY	REASON FOR LEAVING	PRIMARY DUTIES	
LAST SALARY EARNED			

TO THE BEST OF MY KNOWLEDGE, THE INFORMATION HEREIN IS TRUE AND COMPLETE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION IN THIS APPLICATION WILL BE GROUNDS FOR ELIMINATION FROM FURTHER CONSIDERATION OR IF EMPLOYED, FOR DISMISSAL AT ANYTIME. I AUTHORIZE PREVIOUS EMPLOYERS TO FURNISH THE CITY OF RENTON MY RECORD, REASON FOR LEAVING, AND ALL INFORMATION THEY MAY HAVE CONCERNING ME. I HEREBY RELEASE THEM AND THE CITY OF RENTON AND THEIR AGENTS FROM ALL LIABILITY FOR ANY DAMAGE WHATSOEVER ARISING THEREFROM. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS IN THIS APPLICATION.

SIGNATURE:

DATE:

FORM DATE

FROM (MO. & YR.)	YOUR PREVIOUS POSITION	EMPLOYERS NAME	NAME OF SUPERVISOR
TO (MO. & YR.)	ADDRESS	CITY/STATE	PHONE
STARTING SALARY	REASON FOR LEAVING	PRIMARY DUTIES	
LAST SALARY EARNED			
FROM (MO. & YR.)	YOUR PREVIOUS POSITION	EMPLOYERS NAME	NAME OF SUPERVISOR
TO (MO. & YR.)	ADDRESS	CITY/STATE	PHONE
STARTING SALARY	REASON FOR LEAVING	PRIMARY DUTIES	
LAST SALARY EARNED			
FROM (MO. & YR.)	YOUR PREVIOUS POSITION	EMPLOYERS NAME	NAME OF SUPERVISOR
TO (MO. & YR.)	ADDRESS	CITY/STATE	PHONE
STARTING SALARY	REASON FOR LEAVING	PRIMARY DUTIES	
LAST SALARY EARNED			
FROM (MO. & YR.)	YOUR PREVIOUS POSITION	EMPLOYERS NAME	NAME OF SUPERVISOR
TO (MO. & YR.)	ADDRESS	CITY/STATE	PHONE
STARTING SALARY	REASON FOR LEAVING	PRIMARY DUTIES	
LAST SALARY EARNED			
FROM (MO. & YR.)	YOUR PREVIOUS POSITION	EMPLOYERS NAME	NAME OF SUPERVISOR
TO (MO. & YR.)	ADDRESS	CITY/STATE	PHONE
STARTING SALARY	REASON FOR LEAVING	PRIMARY DUTIES	
LAST SALARY EARNED			
FROM (MO. & YR.)	YOUR PREVIOUS POSITION	EMPLOYERS NAME	NAME OF SUPERVISOR
TO (MO. & YR.)	ADDRESS	CITY/STATE	PHONE
STARTING SALARY	REASON FOR LEAVING	PRIMARY DUTIES	
LAST SALARY EARNED			
FROM (MO. & YR.)	YOUR PREVIOUS POSITION	EMPLOYERS NAME	NAME OF SUPERVISOR
TO (MO. & YR.)	ADDRESS	CITY/STATE	PHONE
STARTING SALARY	REASON FOR LEAVING	PRIMARY DUTIES	
LAST SALARY EARNED			

APPLICANT NAME: _____ POSITION APPLIED FOR: _____

HOW DID YOU LEARN ABOUT THIS POSITION? ☐ JOBLINE ☐ FRIEND ☐ INTERNET

☐ NEWSPAPER (NAME) _____ ☐ PUBLIC ACCESS ☐ OTHER _____

RELATIVES EMPLOYED BY THE CITY: _____ RELATIONSHIP: _____ DEPT.: _____

(HAVING A RELATIVE EMPLOYED BY THE CITY WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT.)

AFFIRMATIVE ACTION QUESTIONNAIRE

DISCRIMINATION IN EMPLOYMENT IS PROHIBITED UNDER TITLE VII OF THE CIVIL RIGHTS ACT OF 1974 AND SECTION 504 OF THE REHABILITATION ACT OF 1973. WE WOULD APPRECIATE YOUR ASSISTANCE IN GATHERING THE INFORMATION BELOW. COMPLETING THIS QUESTIONNAIRE IS ENTIRELY VOLUNTARY. THIS SECTION WILL BE KEPT SEPARATE FROM THE APPLICATION AND THE INFORMATION YOU PROVIDE WILL REMAIN CONFIDENTIAL.

PLEASE CHECK (X) THE GROUP WITH WHICH YOU IDENTIFY: MALE ☐ FEMALE ☐

WHITE ☐ AFRICAN-AMERICAN ☐ HISPANIC ☐ ALASKAN NATIVE ☐

NATIVE AMERICAN ☐ ASIAN AMERICAN ☐ PACIFIC ISLANDER ☐ OTHER NON-WHITE ☐

OTHER - PLEASE SPECIFY _____

DATE _____

SPECIAL NOTICE TO DISABLED INDIVIDUALS: IF YOU ARE A DISABLED PERSON, YOU ARE INVITED TO VOLUNTEER INFORMATION CONCERNING ANY PERSONAL, PHYSICAL OR MENTAL DISABILITY. THE PURPOSE IS TO PROVIDE INFORMATION CONCERNING PROPER PLACEMENT AND APPROPRIATE ACCOMMODATIONS TO ENABLE YOU TO SAFELY AND EFFECTIVELY PERFORM THE JOB FOR WHICH YOU ARE APPLYING. THIS INFORMATION WILL BE KEPT CONFIDENTIAL. FAILURE TO SUPPLY THIS INFORMATION **WILL NOT** JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT OR LATER ADVANCEMENT IN EMPLOYMENT. IF YOU DESIRE, PLEASE STATE BELOW ANY PERSONAL DISABILITY AND YOUR SUGGESTIONS FOR ACCOMMODATIONS.